


Entered - 08/28/00 - sb
CL - 00L0505 - GWENDOLYN BURNS

00- *R* -1610

CLAIM OF: Stuart Price
3010 Rhodenhaven Drive
Atlanta, Georgia 30327

For property damages alleged to have been sustained as a result of
a sewer back up on July 28, 2000 at 3010 Rhodenhaven Drive.

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0505

Date: September 26, 2000

Claimant /Victim STUART PRICE
BY: (Atty) (Ins. Co.) _____
Address: 3010 Rhodenhaven Drive, Atlanta, Georgia 30327
Subrogation: _____ Claim for Property damage \$ 3,310.22 Bodily Injury \$ _____
Date of Notice: 8/16/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 7/28/00 Place: 2257 Barge Road
Department PUBLIC WORKS Division Sewer Operations
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that he sustained damages to his home from a sewer back up. However, an investigation determined that the City did not have notice of any problems at this location prior to the July 29, 2000 occurrence. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

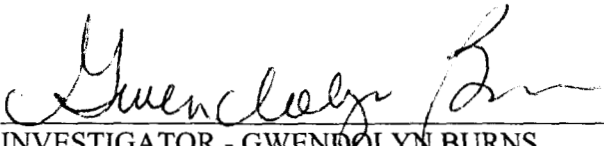
INVESTIGATION:

Statements: City employee _____ Claimant X Others _____ Written _____ Oral X
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

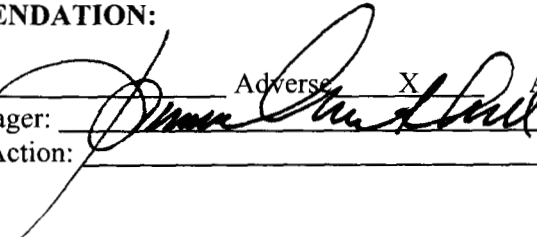
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 09-28-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 8/7/00

BURNS
08/21/00
R

Dear Municipal Clerk:

ENTERED - 8-28-00 - SB
00L0505 - GWEN BURNS

08-16-00P04:32 RCVD

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 3310.22 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 7/22/00 2. Time of Incident: 1:00 PM 3. Police called: Yes ☒ No ☐

4. Location of incident (including street address): 3010 RHODENHAVEN DR., ATLANTA, GA 30327

5. Name of your insurance company: STATE FARM Policy No. 11-GK-5853-4

6. State what and how incident occurred: CITY OF ATLANTA REPAIR WORK
FRACKAGE & FRACKING INTO BASEMENT OF HOUSE
DRAINAGE CATCH, RESTROOM VINYL FLOORING
& (2) A.U.T.S. SECOND OCCURRENCE IN PAST YEAR. REPAIRS
ATTACHED PHOTOS & INVOICES.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

SPURRY TREE
(Print Claimant's Name)

3010 RHODENHAVEN DR
(Address)

ATLANTA, GA 30327
(City, State and Zip Code)

00- R -1610

(770) 432-8000 (404) 352-9090
(Work Number) (Home Number)